



# STATE OF CONNECTICUT

## OFFICE OF THE CHILD ADVOCATE

999 Asylum Avenue, Hartford, Connecticut 06105

Jeanne Milstein  
Child Advocate

### TESTIMONY OF JEANNE MILSTEIN, CHILD ADVOCATE BEFORE THE HUMAN SERVICES COMMITTEE FEBRUARY 23, 2010

Good Morning Senator Doyle, Representative Walker and members of the Committee. I appreciate the opportunity to testify in support of Senate Bill No. 31, An Act Implementing the Budget Recommendations of the Governor Concerning the Educational Placement of Children in the Care and Custody of the Department of Children and Families, House Bill No. 5067, An Act Concerning the Transition of Care and Treatment of Children and Youth from the Department of Children and Families to the Department of Mental Health and Addiction Services, Senate Bill No. 140, An Act Concerning Youth Transitioning Between the Department of Children and Families and the Department of Mental Health and Addiction Services and Senate Bill No. 139, An Act Concerning Independent Monitoring of the Husky Program.

**I fully support Senate Bill No. 31.** This bill will ensure Connecticut's compliance with the federal Fostering Connections to Success and Increasing Adoptions Act of 2008 by giving children in foster care the ability to remain in the schools they attended prior to being removed from their homes whenever doing so is in the child's best interests. The bill specifies that there will be a presumption that it is in the child's best interest to remain in his or her school of origin.

A report published by my office in 2005 explores the school mobility of Connecticut's foster children and the degree to which public policies and casework practices influence their educational experience.<sup>1</sup> As part of our effort to increase educational stability and success for our vulnerable children, my office has worked closely with the Departments of Children and Families and Education, and with advocacy stakeholders to ensure that Connecticut comply with the new federal mandate in a way that is effective, efficient and through the lens of the children. The new federal law *requires* child welfare agencies to include "a plan for ensuring the educational stability of the child while in foster care." Specifically, the agency must include assurances that:

- the child's foster care placement takes into account the appropriateness of the current educational setting and the proximity to the school in which the child is enrolled at the time of placement; and
- the state child welfare agency has coordinated with appropriate local educational agencies to ensure that the child remains in the school in which the child is enrolled at the time of placement.

Senate Bill No. 31 meets these required mandates.

The research is clear about the devastating impact of foster care on a child's educational success. Children in foster care lag behind their peers in academic achievement, often

---

<sup>1</sup> The full report, entitled "School Mobility and Issues of Educational Access for Children in Foster Care," can be found at [http://www.ct.gov/oca/lib/oca/Lily\\_Alpert%27s\\_report\\_for\\_OCA.pdf](http://www.ct.gov/oca/lib/oca/Lily_Alpert%27s_report_for_OCA.pdf).

repeating grades, failing classes, and dropping out.<sup>2</sup> Many of these children bounce from placement to placement – home, foster homes, residential settings, hospitals, and shelters. The impact on education is significant and changing schools can add to the trauma faced already experienced by many children. The ability to remain in their home schools is likely to provide children in foster care with social and academic benefits that will serve as protective factors during the foster care process and into the future. We know that educational consistency, which provides a better chance for academic achievement, is one of the most important factors in successful transition to adulthood.

**I fully support House Bill 5067, An Act Concerning the Transition of Care and Treatment of Children and Youth from the Department of Children and Families to the Department of Mental Health and Addiction Services. I also fully support Senate Bill No. 140, An Act Concerning Youth Transitioning Between the Department of Children and Families and the Department of Mental Health and Addiction Services.**

House Bill No. 5067 holds DCF and DMHAS accountable and can help the legislature design targeted solutions by requiring DCF and DMHAS to report information about youth in transition. Despite the existence of interagency agreements, many youth with serious mental health needs continue to fall through the cracks. Often, youth are not referred to DMHAS in a timely fashion. Even when youth are referred and transition meetings occur, transition plans are often not implemented or poorly implemented. As a result, these young adults, who do not yet have the skills to be successful in the types of placements currently offered through DMHAS, find themselves on their own with minimal basic living skills and few services and supports. Sadly, many become homeless and/or incarcerated.

When children are in need of continued mental health treatment as they enter adulthood, the Young Adult Services (YAS) program operated by DMHAS is critical. Between 1998 and 2005, the program saw a 1,122 percent increase in the number of young people served. The number of youth transitioning from DCF to DMHAS continues to increase. While the YAS budget has increased, the increases have not kept pace with the number of young people entering their service system. Without adequate funding and strict attention to quality transition planning, the needs of these youth go unmet.

DCF must demonstrate quality transition planning and maintain responsibility for youth exiting their care and serves until the goals in the individualized transition plan have been substantially achieved. **House Bill No. 140** is critical to holding DCF accountable for providing services for a youth who is preparing to transition from DCF to DMHAS until all elements of a youth's transition plan is successfully completed. My office has reviewed cases and intervened on behalf of numerous youth who did not receive adequate transition planning from DCF to the adult mental health system or who had their DCF cases closed too soon and without appropriate adherence to their treatment plan or completion of their individualized transition services. In addition, we must ensure that transition planning from our child mental health to our young adult mental health system

---

<sup>2</sup> McNaught, K. (2005). *Mythbusting: Breaking down confidentiality and decision-making barriers to meet the educational needs of children in foster care*. American Bar Association.

adheres to clear and consistent standards. DCF must have clear and consistent written policies regarding the age of discharge for youth receiving services at state-funded and operated facilities such as Riverview and Connecticut Children's Place. Some guidance for these standards exist under the regulatory authority for Psychiatric Residential Treatment Facilities (PTRF) which authorize PTRF designated facilities to serve children up to age 21 and under existing DCF policies related to continuing services for some children up to age 19. House Bill No. 140 defines youth as "any person sixteen years of age or older." We need a clear standard so that all youth, and all DCF staff, know the policy and practice that governs DCF responsibility for our most vulnerable young people. Most of these youth have experienced a childhood and adolescence marked by trauma and inconsistent opportunities to develop the skills critical for successful adulthood. They need our support to develop and access an individualized transition plan and our continued support until all aspects of that plan have been adequately fulfilled by the agencies responsible for their well-being.

**I support Senate Bill No. 139, An Act Concerning Independent Monitoring of the Husky Program.** The Connecticut General Assembly has appropriated funds for independent performance monitoring of the HUSKY program since 1995. For FY 10-11 the CGA appropriated \$218,317 for independent monitoring of the \$800 million spent to cover children, parents, and pregnant women in Connecticut. The federal government reimburses 62% of the funds spent on this independent monitoring; however, the contract between DSS and the monitoring agency lapsed at the end of July 2009 and has not been resumed. The legislature, therefore, will have considerable difficulty evaluating the efficacy of recent program changes, including new managed care contracts, carve-out of pharmacy services, and increased reimbursement for children's dental care. Senate Bill 139 will allow the General Assembly to fund independent monitoring of HUSKY and collect vital information regarding its impact on Connecticut's children and families.

Thank you for the opportunity to testify. I am happy to answer any questions.